

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 28 2011

Secretary of State
Capitol Office
DATE STAMPName of Candidate Billy F. BroomfieldAddress 4512 HAWKINS Street, Moos PointTelephone 228-475-1293 Fax 228-475-1293Contact Name Billy Broomfield Email bbroomfieldOffice Sought State Representative Political Party Democrat☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 11,100.00	\$ 11,100.00
Total amount of disbursements \$	\$ 7,618.23 \$ 1,580.05	\$ 9,198.28	\$ 9,198.28
Total amount of cash on hand		\$ 14,075.47	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Billy Broomfield
Signature of Candidate1-28-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bob & Pam Wells</u>	<u>1/28/10</u>	\$ <u>1,000</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Optomery for Progress</u>	<u>1/28/10</u>	\$ <u>500</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code <u>Madison, MS 39110</u>	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Man Management</u>	____/____/____	\$ <u>500</u>
Mailing Address _____	____/____/____	\$ <u>1,000</u>
City, State, Zip Code <u>St Louis, MO 63105</u>	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Northrop Grumman</u>	____/____/____	\$ <u>1,000</u>
Mailing Address _____	____/____/____	\$
City, State, Zip Code <u>Newport News, VA 23607</u>	____/____/____	\$
Name of Employer (Required) _____	____/____/____	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>

Name of Candidate or Committee Billy BroomfieldReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capitol Advoc Group</u>	___/___/___	\$ <u>250</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC Mississippi</u>	___/___/___	\$ <u>250</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250</u>
C. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent RX</u>	___/___/___	\$ <u>500</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>Flowood, MS 39235</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation PAC Individual Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WB Consolidated</u>	___/___/___	\$ <u>400</u>
Mailing Address _____	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>	___/___/___	\$
Name of Employer (Required) _____	___/___/___	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400</u>

Name of Candidate or Committee Billy Broomfield Page 3 of 6
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>KCS Rail Pac</u>		<u>1/1/10</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/10</u>	\$ _____
City, State, Zip Code <u>Kansas City, Mo. 64121</u>		<u>1/1/10</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/10</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barry D. Rhoads</u>		<u>6/7/10</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/10</u>	\$ _____
City, State, Zip Code <u>McLean, Va. 22101</u>		<u>1/1/10</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/10</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca</u>		<u>6/18/10</u>	\$ <u>400.00</u>
Mailing Address _____		<u>1/1/10</u>	\$ _____
City, State, Zip Code <u>Wilmington, De 19850</u>		<u>1/1/10</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/10</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MEB Railroad</u>		<u>7/21/10</u>	\$ <u>500.00</u>
Mailing Address _____		<u>1/1/10</u>	\$ _____
City, State, Zip Code <u>Columbus, Ms. 3971</u>		<u>1/1/10</u>	\$ _____
Name of Employer (Required) _____		<u>1/1/10</u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Billy Broomfield

Reporting period

January 1, 2010

through

December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Dental Pac</u>		<u>8/20/10</u>	\$ <u>500.00</u>
Mailing Address _____		<u> 1 1 </u>	\$ _____
City, State, Zip Code <u>Jackson, Ms. 39216</u>		<u> 1 1 </u>	\$ _____
Name of Employer (Required) _____		<u> 1 1 </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Ms Pac</u>		<u>9/2/10</u>	\$ <u>250.00</u>
Mailing Address _____		<u> 1 1 </u>	\$ _____
City, State, Zip Code <u>Jackson, Ms. 39201</u>		<u> 1 1 </u>	\$ _____
Name of Employer (Required) _____		<u> 1 1 </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>El Lilly</u>		<u>9/2/10</u>	\$ <u>250.00</u>
Mailing Address _____		<u> 1 1 </u>	\$ _____
City, State, Zip Code _____		<u> 1 1 </u>	\$ _____
Name of Employer (Required) _____		<u> 1 1 </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Corp</u>		<u>9/15/10</u>	\$ <u>1,000.00</u>
Mailing Address _____		<u> 1 1 </u>	\$ _____
City, State, Zip Code <u>Concord, CA 94524</u>		<u> 1 1 </u>	\$ _____
Name of Employer (Required) _____		<u> 1 1 </u>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Billy Broomfield
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Into Cash</u>		<u>10/14/10</u>	\$ <u>250.00</u>
Mailing Address _____		____	\$
City, State, Zip Code <u>Cleveland, Tn. 37364</u>		____	\$
Name of Employer (Required) _____		____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western R/R</u>		<u>11/4/10</u>	\$ <u>250.00</u>
Mailing Address _____		____	\$
City, State, Zip Code <u>Troy, Michigan 48007</u>		____	\$
Name of Employer (Required) _____		____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury</u>		<u>11/24/10</u>	\$ <u>500.00</u>
Mailing Address _____		____	\$
City, State, Zip Code <u>Diano, Tx 75204</u>		____	\$
Name of Employer (Required) _____		____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Assoc. For Home Care</u>		<u>12/7/10</u>	\$ <u>300.00</u>
Mailing Address _____		____	\$
City, State, Zip Code <u>Clinton, Ms 39056</u>		____	\$
Name of Employer (Required) _____		____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Billy Broomfield Id
 Reporting period January 1, 2010 through December 31, 2010

Page 6 of 6

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker Donaldson Ms Pac</u>		<u>12/24/10</u>	\$ <u>500.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code <u>Jackson, Ms 39236</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Billy Broomfield
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Sterling Towers</u>	Date (Mo., Day, Year) <u>1.5.10</u>	Amount of each disbursement this period \$ <u>1,500.00</u>
Mailing Address <u>710 E Griffith</u>	<u>1.5.10</u>	\$ <u>1,500.00</u>
City, State, Zip Code <u>Jackson, Ms</u>	<u>1.5.10</u>	\$ <u>1,500.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,500.00</u>
B. Full name <u>Cort</u>	Date (Mo., Day, Year) <u>1.4.10</u>	Amount of each disbursement this period \$ <u>513.26</u>
Mailing Address	<u>1.4.10</u>	\$ <u>513.26</u>
City, State, Zip Code <u>Jackson, Ms</u>	<u>1.4.10</u>	\$ <u>513.26</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>513.26</u>
C. Full name <u>Exxon Mobil</u>	Date (Mo., Day, Year) <u>2.5.10</u>	Amount of each disbursement this period \$ <u>336.00</u>
Mailing Address	<u>2.5.10</u>	\$ <u>336.00</u>
City, State, Zip Code	<u>2.5.10</u>	\$ <u>336.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>336.00</u>
D. Full name <u>Exxon Mobil</u>	Date (Mo., Day, Year) <u>3.5.10</u>	Amount of each disbursement this period \$ <u>324.56</u>
Mailing Address	<u>3.5.10</u>	\$ <u>324.56</u>
City, State, Zip Code	<u>3.5.10</u>	\$ <u>324.56</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>324.56</u>
E. Full name <u>Exxon Mobil</u>	Date (Mo., Day, Year) <u>4.7.10</u>	Amount of each disbursement this period \$ <u>357.00</u>
Mailing Address	<u>4.7.10</u>	\$ <u>357.00</u>
City, State, Zip Code	<u>4.7.10</u>	\$ <u>357.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>357.00</u>
F. Full name <u>Boys & Girls Club of Jackson Co.</u>	Date (Mo., Day, Year) <u>6.17.10</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address	<u>6.17.10</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Pascaopula Ms 39567</u>	<u>6.17.10</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Billy Broomfield
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Enterprise Car Rental</u>	Date (Mo., Day, Year) <u>8/6/10</u>	Amount of each disbursement this period \$ <u>468.40</u>
Mailing Address		
City, State, Zip Code <u>Pascagoula, Ms 39563</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Southern Leg. Conference</u>	Aggregate Year-to-date	\$ <u>468.40</u>
B. Full name <u>Southern Leg. Conference</u>	Date (Mo., Day, Year) <u>7/29/10</u>	Amount of each disbursement this period \$ <u>1,100.00</u>
Mailing Address		
City, State, Zip Code <u>Charollett, South Carolina</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Hotel Fee for Conference</u>	Aggregate Year-to-date	\$ <u>1,100.00</u>
C. Full name <u>Exxon Mobil</u>	Date (Mo., Day, Year) <u>9/9/10</u>	Amount of each disbursement this period \$ <u>413.48</u>
Mailing Address		
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Trip To GLE (Gas)</u>	Aggregate Year-to-date	\$ <u>413.48</u>
D. Full name <u>Office Depot</u>	Date (Mo., Day, Year) <u>2/17/10</u>	Amount of each disbursement this period \$ <u>254.94</u>
Mailing Address		
City, State, Zip Code <u>Pascagoula Ms 39567</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Office Supplies</u>	Aggregate Year-to-date	\$ <u>254.94</u>
E. Full name <u>Wal-Mart</u>	Date (Mo., Day, Year) <u>6/22/10</u>	Amount of each disbursement this period \$ <u>1,500.59</u>
Mailing Address		
City, State, Zip Code <u>Pascagoula Ms 39567</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Office Equipment</u>	Aggregate Year-to-date	\$ <u>1,500.59</u>
F. Full name <u>Ruby Tuesday</u>	Date (Mo., Day, Year) <u>9/4/10</u>	Amount of each disbursement this period \$ <u>600.00</u>
Mailing Address		
City, State, Zip Code <u>Mass Point Ms 39563</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Constituents Dinner</u>	Aggregate Year-to-date	\$ <u>600.00</u>